

2002 UNIFORM BUSINESS REPORT (UBR)

0049279

DOCUMENT # M00000000435

1. Entity Name
METIRI GROUP LLC

FILED
02 MAY 1 10 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1801 AVENUE OF THE STARS, STE. 426 LOS ANGELES CA 90067	Mailing Address 1801 AVENUE OF THE STARS, STE. 426 LOS ANGELES CA 90067
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-4784909	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
528 E PARK AVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR LEMKE, CHERYL 122 OCEAN PARK BLVD SUITE 306 SANTA MONCA CA 90405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
800005419298-5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* Date: **4/30/02** Daytime Phone #: **(310) 286-7944**

CR2E083 (9/01)

ACCOUNT FILING COVER SHEET
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
850-222-1173

CONTACT: Pam
DATE: 5-1-02
REF #: 0173.6410
CORP. NAME: Metiri Group LLC

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

() CERTIFIED COPY (X) PLAIN COPY (X) GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$ 55.

AUTHORIZATION: Chick

RECEIVED
02 MAY - 1 PM 3:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA